



BASCOL Scholarship Application

Parent/Guardian name

Address

Address

City, State, Zip code

County

Child's name

Child's age/date of birth

Number of household

Adults

Children

Phone number

Home/cell

Work

Email

Session Applying For

Summer

Tentative # of weeks & days needed

Fall

Circle: AM PM AMPM

of days per week

Employment information

Employer #1

Address

Address

City, State, Zip code

Phone Number

Supervisor name

Employer #2

Address

Address

City, State, Zip code

Phone Number

Supervisor name

Income verification

Gross wages family member #1

Gross wages family member #2

Gross wages family member #3

Unemployment benefits

Workers compensation benefits

Food stamps

Child support

Social Security

Alimony

Pension/Annuities

Other income (describe)

Other income (describe)

Other income (describe)

Monthly income amounts

\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$

Attachments required

8 weeks of paystubs for each gross wage listed

Pay verification from employer

2024 Tax Return

BASCOL Scholarship Eligibility Worksheet

Am I eligible?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	My child lives in Onondaga or Oswego County
<input type="checkbox"/> Yes	<input type="checkbox"/> No	There is a BASCOL program at the school my child attends (not applicable for summer)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I am NOT eligible for government subsidies for child care
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I am a working parent with financial needs (see chart below)

The BASCOL Scholarship only covers 1 child per household

If your family gross income falls within the minimum and maximum below you are eligible for the BASCOL scholarship

If your family gross income is below the Minimum gross income you are not eligible for the BASCOL scholarship but may be eligible for subsidies from the day care unit of the County Department of Social Service

2025/2026 PROGRAM QUALIFICATIONS

Family size	Minimum gross income	Maximum gross income
2	\$77,226	\$95,397
3	\$95,397	\$113,568
4	\$113,568	\$131,739
5	\$131,739	\$149,910
6	\$149,910	\$153,317
7	\$153,317	\$156,724
8	\$156,724	\$160,131

I am eligible!

<input type="checkbox"/>	I have filled out the BASCOL application
<input type="checkbox"/>	I have obtained the following supporting documentation:
<input type="checkbox"/>	8 weeks of paystubs for each gross wage listed in the income verification section of the application
<input type="checkbox"/>	Tax return for the previous fiscal year
<input type="checkbox"/>	Employer pay verification form
<input type="checkbox"/>	I have handed in all applicable forms to the BASCOL office at the address below

BASCOL office Scholarship Program contact:

BASCOL, Inc.

Attn: Carlee Stewart, Chief Financial Officer

4610 Wetzel Road

Liverpool, NY 13090

315 622-4815

cstewart@bascol.org

BASCOL Scholarship Employer Verification Worksheet - page 1

To be completed by Employer

Employee name

Date employment began

Position held by employee

Employer's name

Employee's supervisor

Supervisor phone/email address

Employee payrate

Gross pay for the last 8 weeks:

week #	Gross Wages	Tips/Bonus	Commission	Day of the week	Work schedule	
					In	Out
1						
2				Sunday		
3				Monday		
4				Tuesday		
5				Wednesday		
6				Thursday		
7				Friday		
8				Saturday		

If the employee does not work a regularly scheduled workweek please just put varied.

Employer verification statement:

I, _____ (please print)

have filled out the above verification information to the best of my ability.

I have no conflict of interest with the above named employee.

_____ (please sign)

_____ (date)

BASCOL Scholarship Employer Verification Worksheet - page 2

To be completed by Employer only if employee works a varied schedule.

If employee works the same schedule every week please complete the table on the first page.

1. Please fill in the dates and times the employee has worked in the last 6 weeks.
2. Please indicate AM or PM hours.
3. Put an X on the days the employee did not work.

[illegible]

BASCOL Scholarship Parent/Guardian Statement of Responsibilities

Upon signing of this statement of scholarship acceptance, I understand the following:

The BASCOL Scholarship is a 50% discount for tuition for my child:

The scholarship does not cover the following fees and I am responsible should they apply to my child:

- Last week of school
- Half days
- Full days (except summer)
- Snow days
- Early dismissal days
- Field trips
- T Shirt for summer field trips
- Late fees (pick up, payment, sign up)
- Registration Fees

I agree to report any and all changes as they apply to the following:

- Work schedule changes
- Pay rate changes
- Members of my household

Failure to report changes may result in immediate loss of the scholarship

Non payment of my financial responsibility to BASCOL for my portion of the fees may result in loss of the scholarship

The scholarship is non-transferable and must be applied for annually

School at which scholarship was awarded:

Summer/School year to which the scholarship applies:

Parent/Guardian name Print
 Sign
 Date

BASCOL Representative: Sign
 Date